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PYREXIA AFTER ALL PHYSICAL EVIDENCE OF THE
PNEUMONIA HAD DISAPPEARED.**

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The following case of pneumonia presents several features of more than ordinary interest. The course of the disease may be briefly summarized as follows:

A previously healthy child, aged 3 years, was suddenly taken ill on the 3rd of December, 1897. The general symptoms were those of an acute pulmonary affection.

On admission to hospital on the 4th of December, and on subsequent examinations, it was definitely determined that we had to deal with a lobar pneumonia of the left lower lobe. On the 6th day of the disease the temperature suddenly dropped to below normal, where it remained for about three days.

In the course of the next few days the physical signs of consolidation gradually disappeared, but the temperature began to present the features of a marked and characteristic septicæmic process. For a period of six weeks it varied from subnormal to 108°.

On several occasions the latter point was reached. In spite of the high pyrexia, the child took nourishment and stimulants freely, and did not appear to suffer particularly. He was bright and cheerful throughout his prolonged illness. When the temperature rose after the crisis, it was naturally thought that we had to deal with a pneumococcus pleurisy but repeated tapplings proved negative. Repeated cultures from the blood were also negative, as was also Widal's test for typhoid. We were unable to discover any likely focus for the septicæmic process. There was no evidence of unusually delayed resolution or of any pleural, pericardial, peritoneal or meningitic complication.

C. H., aged 3, was admitted to the Royal Victoria Hospital on December 4th, 1897, complaining of pain in left side of chest (2), cough (3), sore throat.

History of Recent Illness.—From his mother it was learned that he had been well till Friday, 3rd December, when she noticed that he seemed out of sorts and said that the left side of his chest and neck were sore. That night he was restless and cried with pain in left side of chest. He also began coughing during the night. Cough was frequent and caused considerable pain. The throat was also painful during the night. No chill or rigor occurred.

Personal History.—Born in Montreal three years ago. Has always lived here. Has always been a healthy child. Except for an attack of acute lobar pneumonia, which involved the lower lobe of right lung in April, 1897, has never suffered from any disease.

Family History.—Father alive and well. Mother had pleurisy five years ago, but is healthy. Other children are well. No history of rheumatism or tuberculosis.

On admission patient was a well nourished child of average size. Visible mucous membranes of fair colour. Face flushed. Frequently unilateral flushing was noted; the left cheek was principally involved. No herpetic eruption was present. Child assumed the dorsal decubitus and lay quietly, except when paroxysm of coughing ensued. The cough was hard and dry and caused considerable pain in left side of chest. He slept well and took nourishment in fair quantity. Temperature 103°; pulse, 128; respiration, 60.

Respiratory System.—Respirations were short and quick. (Respiration ratio, 2—1). There was no cyanosis of face or finger tips. At times expiration was accompanied by a short grunt. The cough was hard and dry and came on in paroxysms. There was no expectoration.

Anteriorly.—Expansion of chest was fair, but was decidedly limited at the right apex and infraclavicular region. Expansion behind at the apex was also diminished. Local fremitus could not be elicited.

Percussion note was impaired from apex to upper border of 3rd rib anteriorly.

Posteriorly, note was impaired to mid scapula in left side. Note over right lung was slightly hyperresonant, but otherwise normal.

Auscultation.—Blowing breathing was heard over the whole of the dull area, and posteriorly a few dry râles were heard with expiration. Right lung, breath sounds normal.

Cardiac Vascular System.—Pulse 129, of good volume; tension high; regular in rhythm.

Heart.—Apex beat visible and palpable in 6th interspace. Dulness was not increased. Sounds at apex normal, at base the second pulmonary sound was accentuated.

Digestive System.—Lips dry and covered with sordes. Teeth in fair condition. Tongue heavily coated on dorsum with yellowish fur. Breath was foul. Throat, slight redness of left tonsil and left pillar of fauces. Left tonsil was slightly enlarged. Appetite fair. Thirst increased. There was no vomiting.

Abdomen.—Skin hot and dry. Abdomen full but not distended. Neither liver nor spleen was palpable.

Locomotor System.—Skin hot and dry. Face flushed unilaterally. No herpes on lips or nose. Vaccination mark seen on left arm. Subcutaneous fat present in fair amount. Muscles of good size and muscular power good. Bones and joints normal.

Nervous System.—Intelligence good. Mental state normal. Sleep rather disturbed. Child restless during both day and night.

Subsequent Events.—Condition was much the same with distressed respiration and cough till 8th December, when a drop in temperature occurred to normal from $104\frac{3}{4}^{\circ}$. The cough was less troublesome and the child seemed somewhat better. The condition of the lungs was not changed, save that the blowing breathing was less distinct. On the 10th the patient was much brighter. Respiration 34. Cough less severe.

The temperature did not remain normal, but began gradually to rise, ranging from normal to $101\frac{1}{4}^{\circ}$. The general condition was somewhat improved and the child was brighter. Respiratory rate was 28—30. Cough no longer present.

Examination of chest showed slightly impaired note from base of left lung to angle of the scapula, with weak voice and breath sounds. A needle was inserted on several occasions, but no fluid at any time withdrawn.

During the last week in December the temperature was very irregular, on several occasions reaching 108° . The general condition of the child did not suffer. He was bright and the mental state was normal. The Widal test was negative, as were also cultures taken from the blood on several occasions.

Throughout January the same irregularity of temperature was noted. The child lost in weight, but did not seem to suffer any inconvenience from the pyrexia. The urine on repeated examinations was normal.

Early in February the temperature became less elevated. The child rapidly gained in flesh. Appetite was excellent. Examination of chest showed that the dullness had entirely cleared up. He was discharged on 27th February, 1898.